

Attorney Docket No.

Patent 023833-119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Man-yop Han

Group Art Unit: 3637

Application No.: 09/831,337

1,337 Examir

Examiner: Phi Dieu Tran A

Filing Date:

October 30, 2001

Title: TENSION FORCE ADJUSTABLE PRESTRESSED GIRDER

Confirmation No.: 2978

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enc	losed is a reply for the above-identified patent application.				
X	A Petition for Extension of Time is also enclosed.				
	Terminal Disclaimer(s) and the \$\infty\$\$ \$55.00 (2814) \$\infty\$\$ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. \{ 1.20(d) are also enclosed.				
	Also enclosed is/are				
×	Small entity status is hereby claimed.				
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submitted				
	on, for which continued examination is requested.				
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.				

Attorney Docket No. 023833-119
Application No. 09/831,337

×	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

		AME	NDE	ED CLAIMS		
	No. of Claims	Highest N of Claim Previous Paid Fo	s ly	Extra Claims	Rate	Additional Fee
Total Claims		MINUS	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims		MINUS	=	0	x \$88.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claims, a	add \$	300.00 (1203)		
Fotal Claim Amendment Fee \$ 0					\$ 0.00	
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee \$ 0					\$ 0.00	
TOTAL ADDITIONAL	L CLAIM FEE	DUE FOR TH	HIS A	MENDMENT		\$ 0.00

A check in the amount of	f is enclosed for the fee due.
Charge	to Deposit Account No. 02-4800.
Charge	to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWEGKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: November 26, 2004

Charles F. Wieland IV

Registration No. 33,096